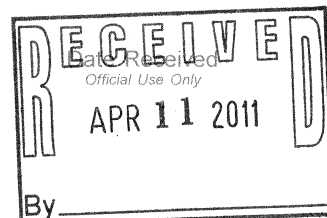


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LUBIN BERTRAM HAROLD

1. Office, Agency, or Court

Agency Name

CALIFORNIA INSTITUTE OF REGENERATIVE MEDICINE (CIRM)

Division, Board, Department, District, if applicable

Your Position

INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE (ICOC) ICOC MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is / / , through December 31, 2010.  
☒ Assuming Office: Date 01/27/11  
☐ Leaving Office: Date Left / / (Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is / / , through the date of leaving office.  
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☒ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

OAKLAND, CA

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04-04-11  
(month, day, year)

Signature  
(file the originally signed statement with your filing official.)

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name

BERTRAM LUBIN, MD

▶ NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
<u>AT&amp;T</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY  <hr/> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <span style="margin-left: 200px;">(Describe)</span> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More ( <i>Report on Schedule C</i> )  IF APPLICABLE, LIST DATE: _____/_____/ <u>10</u> ____/_____/ <u>10</u> ACQUIRED                  DISPOSED	 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  <hr/> FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ <span style="margin-left: 200px;">(Describe)</span> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More ( <i>Report on Schedule C</i> )  IF APPLICABLE, LIST DATE: _____/_____/ <u>10</u> ____/_____/ <u>10</u> ACQUIRED                  DISPOSED
▶ NAME OF BUSINESS ENTITY <u>COMCAST</u> GENERAL DESCRIPTION OF BUSINESS ACTIVITY  <hr/> FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <span style="margin-left: 200px;">(Describe)</span> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More ( <i>Report on Schedule C</i> )  IF APPLICABLE, LIST DATE: _____/_____/ <u>10</u> ____/_____/ <u>10</u> ACQUIRED                  DISPOSED	▶ NAME OF BUSINESS ENTITY  GENERAL DESCRIPTION OF BUSINESS ACTIVITY  <hr/> FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000  NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ <span style="margin-left: 200px;">(Describe)</span> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More ( <i>Report on Schedule C</i> )  IF APPLICABLE, LIST DATE: _____/_____/ <u>10</u> ____/_____/ <u>10</u> ACQUIRED                  DISPOSED
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**Comments:**

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>BERTRAM LUBIN, MD</u>

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME [REDACTED]	NAME OF SOURCE OF INCOME [REDACTED]
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>EMPLOYER</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE [REDACTED]
YOUR BUSINESS POSITION <u>PRESIDENT &amp; CHIEF EXECUTIVE OFFICER</u>	YOUR BUSINESS POSITION [REDACTED]
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable) [REDACTED]	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER [REDACTED]	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: \_\_\_\_\_